

# Group Art Therapy With Eighth-Grade Students Transitioning to High School

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## Abstract

*This study examined the effectiveness of a group art therapy intervention within a school setting to increase coping skills and decrease disruptive behaviors in a group of 6 eighth-grade students at risk for making a poor transition to high school. The mixed-method AB single-case experiment measured each individual's changes in behavior and coping from baseline (A-phase) to post-intervention (B-phase). Changes in pre- and post-intervention "Me in Ninth Grade" drawings also suggested improved ability to anticipate social roles and an increased sense of school belonging. Results partially supported the hypothesis that the school art therapy group can be beneficial in decreasing disruptive behaviors and increasing coping skills for the transition to high school.*

## Introduction

Over the past 100 years in the United States, society's definition of adolescence has greatly changed. From "storm and stress" in the early 20th century to that of "social sophistication and technological savvy" (Elkind, 1998, p. 5) in the 1960s, the perception of adolescence has often followed changes within society itself, though not always with positive consequences. Elkind observed that over the past 40 years, young people have been expected to "confront life and its challenges with the maturity once only expected of the fully grown, but without any time for preparation" (p. 7).

Although adolescence is not necessarily viewed as a period of storm and stress today, the physical, cognitive, and psychological changes of adolescence are rapid and drastic, as confirmed by many researchers (Davison & Susman, 2001; Fuligni, Eccles, Barber, & Clements, 2001; Newman & Newman, 2003; Wentzel & Erdley, 1993; Wigfield, Lutz, & Wagner, 2005). Ultimately, these changes are not isolated; physical changes can affect an adolescent's psychological, social, or cognitive development, and vice versa. As Newman and Newman (2003) observed, "puberty is not one thing but [rather] a *biopsychosocial* transition" (p. 291). Due to the extent of the changes that occur in adolescence, this period in a young person's life can be quite stressful.

The prevailing belief is that adolescents need support while coping with the vulnerability and fragility of their development (Elkind, 1998, p. 5). The transition from middle school to high school in particular can be a very stressful experience (Isakson & Jarvis, 1999). Caldwell, Farmer, and Cairns (2003) suggested that even adolescents who seem to be well adjusted are challenged by this life change; those adolescents who are less well adjusted may cope by accentuating preexisting disruptive behaviors, developing new disruptive behaviors, becoming withdrawn from peers, experiencing poor academic achievement, and feeling a decreased sense of school belonging. Isakson and Jarvis (1999) found that among students with relatively few stressors, those who had developed positive coping strategies felt a greater sense of school belonging during the transition to high school.

Many researchers have explored the development of disruptive behavior problems in adolescence (Barriga, Landau, Stinson, Liao, & Gibbs, 2000; Butts & Cruzeiro, 2005; Coslin, 1997; Espelage, Holt, & Henkel, 2003; Olson, Bates, Sandy, & Lanthier, 2000). Elkind (1998) made a valuable connection between disruptive behaviors and coping with stress and transitions in adolescence. He observed that the most common type of stress experienced by adolescents occurs in situations that are foreseeable yet unavoidable. Such stressors in adolescence include physical, cognitive, and social changes, as well as the transition to high school with its anticipatory anxiety. Elkind also suggested that angry or disruptive adolescents often have the hardest time coping.

Ultimately, healthy coping involves practicing and combining social, behavioral, and cognitive resources to handle a situation that is stressful or ambiguous. In their investigation of how adolescents cope with stress, Patterson and McCubbin (1987) observed that the process is particularly important in this stage of development because the young person is confronted with many life stressors and strains for the first time and has not yet developed a repertoire of responses to draw from. These authors also concluded that not all coping styles are beneficial. Avoidant or ventilating coping styles or behaviors may ultimately leave a conflict or stress unresolved. Transformational coping styles or behaviors that utilize adolescents' cognitive and social resources tend to resolve or reduce stress.

Thus, for a more successful transition to high school, it may be beneficial to provide supportive services at the end of eighth grade for students with disruptive behavior

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problems and poor coping skills. Recent literature has studied psychoeducational programs of this kind but found that they have had limited success (Baker 2001; Harrington, Giles, Hoyle, Feeney, & Yungbluth, 2001; Herrmann & McWhirter, 2003). Currie (2004), for example, concluded that "reviews from the past 15 years have found little support for anger control program efficacy in decreasing physiological arousal, aggressive responding, and changed perceptions by others" (p. 276).

What appear to be more beneficial to addressing school-specific concerns are solution-focused brief therapy groups within the school. Cooley (2009) asserted that these group interventions are a source of change and influence and are "the treatment of choice for many adolescents" (p. 6). Kelly, Kim, and Franklin (2008) suggested that schools are a natural setting for group therapy because the "school climate provides additional stresses" (p. 5) to both teachers and students. These authors also contended that solution-focused, brief therapy in particular is effective because it is goal-oriented and draws on the strengths of the individual student.

Art therapists have recognized the benefit of similar approaches to clinical groups with adolescents. Riley (1999) noted, "when creativity is introduced into problem solving, the art can provide fresh viewpoints and excitement" (p. 38). Bush (1997) suggested that art therapy within the schools gives students an opportunity to creatively explore their problems and follow through on setting and achieving goals to solve them. Rosal, McCulloch-Visliser, and Neece (1997) also found that art therapy activities integrated into a public school's ninth-grade curriculum positively changed some student attitudes about school, family, and self.

For those students exhibiting disruptive behavior problems and poor coping skills, group art therapy provides an opportunity to develop or strengthen coping skills as well as practice appropriate classroom behaviors. Rozum (2001) believed group art therapy to be very effective for children with behavior disorders because it allows them to practice self-regulating skills in a monitored environment. Rosal (1993) found that students in an art therapy group made more progress in reducing disruptive behaviors and gaining an internal locus of control than students in a control group.

The literature suggests that clinical groups within the school, including art therapy groups, may help adolescents address inappropriate or disruptive responses to stress. However, although art therapy appears to be a particularly effective approach for working with adolescents who are at risk for school failure, little research was found that examines whether group art therapy within a school setting can help eighth graders increase coping skills and decrease behavior problems in preparation for the transition to high school.

## Method

### Participants

The participants in this study ( $N = 6$ ) were 2 girls and 4 boys in regular education classes at a private K–8

elementary school. The mean age of the participants, who had begun their final semester of the eighth grade, was 13.2 years. Participants exhibited poor coping skills and/or disruptive behaviors, and were referred to the study by their teachers due to the significant impact these behaviors had on the students' academic experience. Specific behaviors included speaking out in class at inappropriate times, exhibiting difficulty following or accepting adult requests, and interacting poorly with peers. The participants were not receiving special education services and were not classified as "seriously emotionally disturbed" or diagnosed as having either a conduct disorder or an oppositional defiant disorder (American Psychiatric Association, 2000). None of the children were wards of the state.

As the researcher, I had familiarity with the school from having completed a graduate art therapy internship there. However, I had not worked with the participants or provided them with therapeutic services prior to the intervention.

### Design and Instrumentation

This study used a mixed-method, single-case experimental design. Qualitative and quantitative measures were used to evaluate changes in the participants' coping skills and behaviors. Because the participants did not represent a homogenous group and they varied in abilities, aptitudes, and competencies, an AB single-case design was an appropriate method of investigation (Kazdin, 1982). Rather than measuring changes across the group as a whole, the AB design measured each individual's changes in behavior and coping from baseline (A-phase) to post-intervention (B-phase).

During the A and B phases the participants completed the Adolescent Coping Orientation for Problem Experiences (A-COPE; Patterson & McCubbin, 1996). The A-COPE is a 54-item self inventory that measures adolescent coping behaviors based on answers to 5-point Likert scale items. Each item is a response to the statement "When you face difficulties or feel tense, how often do you . . ." Specific completion items include "go along with parent's request or rules," "try to be funny and make light of it all," "get angry and yell at people," "smoke," and "talk to a friend about how you feel." The behaviors are measured on the following subscales: ventilating feelings, seeking diversions, developing self-reliance, developing social support, solving family problems, avoiding problems, seeking spiritual support, investing in close friends, seeking professional support, engaging in demanding activity, being humorous, and relaxing. The scoring is inverted for the subscales on ventilating feelings, seeking diversions, and avoiding problems, because not all strategies identified in the A-COPE are desirable or appropriate for coping.

During the first and last of the twice-weekly art therapy sessions over the duration of 4 weeks, the participants completed drawings in response to the directive: "Draw a picture of yourself in the ninth grade." I

gave the participants crayons, markers, colored pencils, and oil pastels to use for their drawings and informed them that they had 15 minutes to complete the task. This task was a measure used to evaluate changes in the participants' concept of their readiness and ability to cope with the transition to high school, as well as their ability to visualize a positive and successful transition.

I also conducted parent interviews, pre- and post-intervention, at the participants' school. All participants had only one parent participate in the interview. I asked parents to identify and describe any "problem behaviors" their children presented that could potentially impact academic performance and the transition to high school. The pre-intervention (A-phase) interviews identified the specific nature and extent of the young adolescents' problem behaviors based on their parents' descriptions and ratings of the behavior (from *minimally problematic* to *extremely problematic*, and with frequency ratings of *never* to *almost all the time*). Parent responses were recorded on contact summary forms that included the rating scales described above and left space for descriptions of the problematic behaviors. During the post-intervention interviews (B-phase), the parents identified whether the severity and frequency of the identified behaviors had decreased, stayed relatively the same, or increased for their children. The same parents that participated in the initial interview were contacted for the post-intervention interviews.

I also compared the number of disciplinary referrals each participant received from the beginning of the school year to the start of the intervention and from the start of the intervention to the end of the intervention as a quantitative measure. Because I did not have access to student records, the school counselor tracked the participants' disciplinary referrals and reported them to me.

## Procedure

The school counselor assisted in recruiting participants for the study by obtaining referrals from teachers. The counselor contacted parents of potential participants and

gave them my contact information. Once contacted, I met with the parents and their children to explain the study and answer questions. The children who agreed to participate signed consent forms, as did their parents.

The intervention chosen for this study was group art therapy (see Table 1 for brief descriptions of the tasks for each session). The participants attended the sessions during their study hall in the school's designated art therapy room; no academic classes were missed. The sessions took place twice a week on alternating days over 4 consecutive weeks within the final semester of the participants' eighth-grade year. Each session was 45 to 60 minutes long and began with a verbal check-in for participants to describe their individual, overall functioning on a 10-point Likert scale (How Am I Feeling Today: 1 being the worst possible, 10 being the best possible). This was followed by a planned art task, clean up, sharing of artwork and/or discussion of that session's topic, and a check-out in the same manner as the check-in. I administered post-intervention measures at the end of the eighth session.

## Results

### Narrative Description of Sessions

*Session 1.* All participants were present and completed the baseline "Me in Ninth Grade" drawing. The themes that the participants presented in their drawings and in discussion included finding a role on athletic teams (Participants 1, 3, and 6), anxiety over physical size and appearance (Participant 2), fear of getting lost in the crowd (Participant 4), and an uncertainty about high school (Participant 6). During this session the group members also created a Group Rules Poster. Some of the rules they chose for the group were: "take turns talking," "treat others as you want to be treated," "don't hurt anyone emotionally or physically," "share the art supplies," "don't laugh at another person's art," "have fun," and "what happens in group stays in group."

*Session 2.* All participants were present. This session involved art education-enhanced tasks. For the first task, I

**Table 1** Description of Group Art Therapy Sessions.

Session	Task
Session 1	Me In Ninth Grade Drawing; Group Rules Poster
Session 2	Art-education enhanced drawing using four formal element descriptors; Stress drawing using individual formal element descriptors
Session 3	Dual Stress Drawing (Where I Experience Stress in My Body/How I Relieve Stress)
Session 4	Stress Mobile
Session 5	Mask Making
Session 6	Stressful Situation Story-board
Session 7	Role-Playing Stressful Situation
Session 8	Me in Ninth Grade Drawing

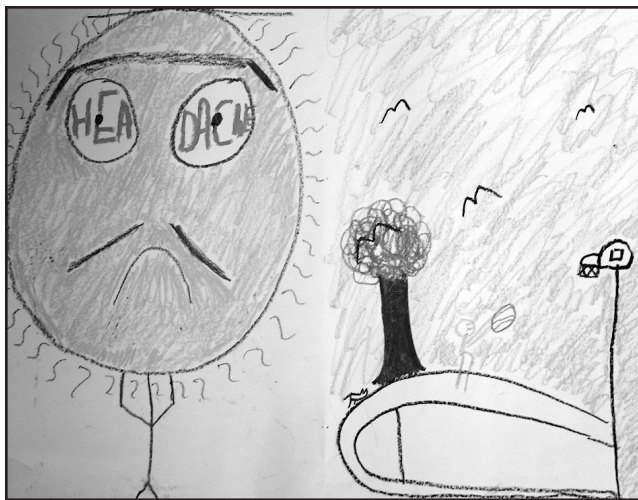


Figure 1 Example of a Dual Stress Drawing



Figure 2 "Me in Ninth Grade" Baseline Drawing (Participant 5)



Figure 3 "Me in Ninth Grade" Post-Intervention Drawing (Participant 5)

defined four formal elements (shape, line, color, and mood) and gave the participants four corresponding words: circle (shape), curvy (line), bright (color), and happy (mood). Each group member completed a drawing representing the descriptive words. Within their artwork and group discussion, the students considered how feeling and meaning can be communicated through artwork, and differences in how ideas are communicated despite similarities in themes.

After a discussion of stress, the participants completed a second drawing by choosing four formal element descriptors to visually represent the stress they were experiencing. Some of the drawings were more abstract in nature, whereas others were representational. Participants 1 and 3 represented specific situations they found to be stressful; others illustrated a more general sense of stress.

*Session 3.* All participants were present and completed a "dual stress drawing" on an 18" x 24" piece of paper that was folded in half. On one half they drew images of themselves and indicated where they experience stress in their bodies; on the other half they drew images of themselves participating in activities that they engage in to release their stress. Following the task, we discussed how stress is experienced physically. Participants visually described their stress as being experienced through headaches (Participants 1, 3, 4, and 5; see Figure 1), upset stomachs (Participant 1), tears (Participant 2), and anxiety (Participant 6). The other side of the drawings depicted physical activities (Participants 3, 4, 5, and 6), listening to music (Participants 3 and 5), playing a musical instrument (Participant 1), yelling (Participant 2), watching TV or playing video games (Participants 2 and 5), and talking to a parent (Participant 2). Themes presented visually and verbally included which activities were beneficial (engaging in physical activities, talking to a parent, and playing an instrument) and which were less so (playing video games, watching TV, and yelling).

*Session 4.* Participant 2 was absent from the entire session and Participant 6 was absent from the last part of the session. In this session, the participants identified the multiple stressors that they experience by using found objects to represent each stressor. The participants created mobiles by hanging the objects from two dowel rods joined together. Many of the members struggled with balancing their objects and they verbalized this struggle as a metaphor for the difficulty they often feel when trying to deal with multiple stressful situations. Other themes they presented included "going with the flow" and being "flexible" (use of a feather and a rubber band by Participant 1), the "game of life" and pressure to be "girly" (use of a wooden game piece and a comb by Participant 3), becoming "filled" with stressful situations (use of a basket by Participant 4), and wearing a "mask" (use of a black piece of plastic that resembled a mask by Participant 5).

*Session 5.* Participant 6 was absent from the session. The participants each made a mask during this session, which brought up themes of wanting to acquire a more adult appearance or maintaining a certain appearance (Participant 1 and 3), the presence of layers that other

people have to get through to see a person's "true self" (Participant 2), maintaining a mask that allows a person to "reach out" and make friends with a variety of people (Participant 4), and using a mask to completely cover up a person's "true self" (Participant 5).

*Session 6.* Participants 2 and 6 were absent from the session. Participants depicted the steps they would take to resolve their most prevalent stressful situation by creating a "stressful situation storyboard." The stressful situations they identified included difficulty with friends (Participant 1), finding a new group of friends at high school (Participant 3), meeting the demands of parents (Participant 4), and arguments with parents (Participant 5). The steps that were taken included being the first to apologize (Participant 1), socializing with many different groups of people (Participant 3), doing what their parents asked (Participant 4), and offering parents money to win an argument (Participant 5). The students acknowledged that most of the steps taken to resolve or reduce the stressors were appropriate but they did discuss other options for some of the situations presented.

*Session 7.* All participants were present. Participants took turns role-playing their storyboard situation with the other participants acting as supporting players. After each stressful situation was reenacted and "resolved," the participants gave suggestions as to other steps that could have been taken.

*Session 8.* All participants were present. The participants completed their second "Me in Ninth Grade" drawing. Themes presented included the desire to be part of a socially accepted peer group (Participants 1 and 3), an increase in confidence about physical appearance and role

in high school (Participant 2), inclusion in an athletic team (Participants 4 and 6), and an addition of support and lessening of ambiguity about the high school that will be attended (Participants 3 and 5).

### Qualitative Data Analysis

Based on Lowenfeld and Brittain's (1987) stages of creative development, I completed a qualitative analysis of the differences presented in the baseline and post-intervention "Me in Ninth Grade" drawings. Each participant's drawing reflected formal elements and subject matter commonly found in what Lowenfeld and Brittain referred to as the "pseudo-naturalistic" stage. These elements include a greater attempt to depict an anatomical correctness of the human figure, representation of feelings and emotions, the relationship of the self to others, and participation of the self in school (Lowenfeld & Brittain, 1987). My analysis suggested that changes had taken place in the areas of confidence, physical growth, social roles, understanding of peer groups, and involvement in school experience. For example, Participant 2 drew figures with increased size at the conclusion of the group sessions, which could represent confidence and physical growth. Participant 5 positioned the figure closer to the image of a school (see Figures 2 and 3), which could be interpreted as increased involvement in the school experience. I also took into account the participants' verbal expressions of the personal meaning of these elements in their artwork. Participants 1 and 3 verbalized a desire to be socially accepted, for example, and represented this by depicting their "self" within a preferred social group. A greater sense of involvement in the school experience was also prevalent

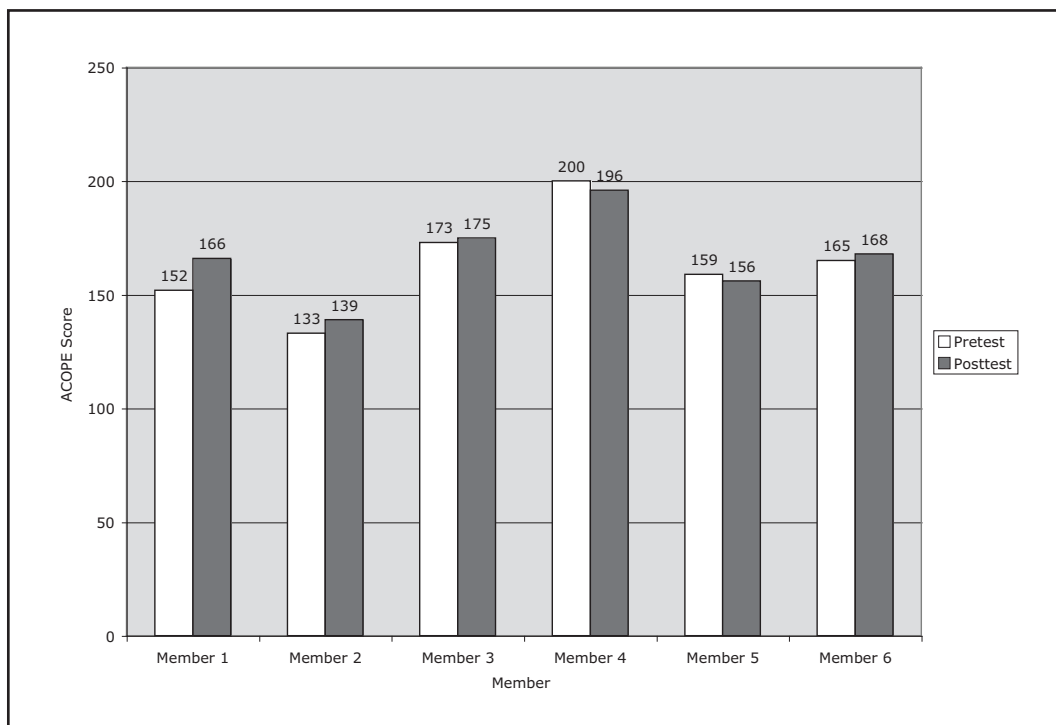
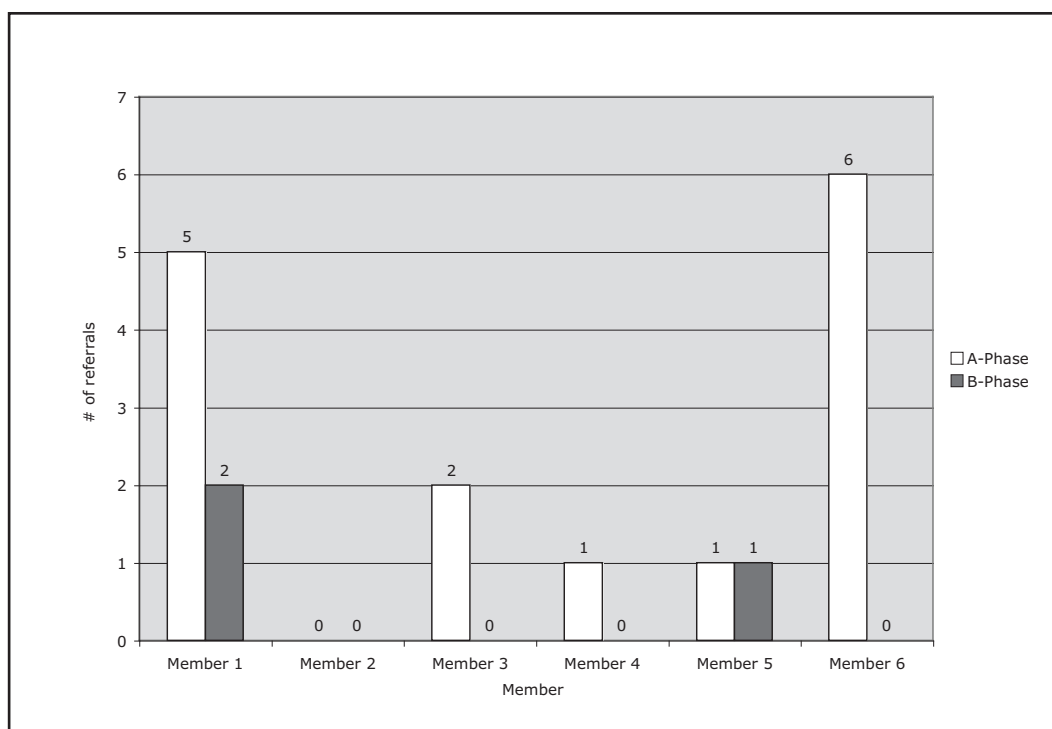


Figure 4 Differences in A-COPE Scores from A-phase to B-phase.



**Figure 5** Differences in the Number of Disciplinary Referrals from A-phase to B-phase.

in all six of the posttest drawings through depiction of peer groups, athletic teams, and friendships, suggesting successful participation in these social roles.

The differences in responses from parents or legally appointed representatives between baseline and post-intervention interviews also were evaluated. The parents of Participant 1 could not be contacted at end of the study, so changes in parent perception of his behavior could not be evaluated. The other parents described positive changes they had observed in their children in terms of a decrease in feelings of frustration, increased confidence, improved preparedness and positive attitude toward the impending transition to high school, decrease in disruptive behaviors, and new, positive behaviors (see Table 2).

### Quantitative Data Analysis

The participants' total A-COPE scores (A-phase to B-phase) were compared, as were the scores on the A-COPE subscales. Among the total changes by the individual

participants shown in Figure 4, scores increased for 4 participants and decreased for 2 participants (see Table 3).

As recorded in Table 4, results also show that overall, 3 or more participants demonstrated greater positive change on 6 of the 14 subscales (Increasing Self-Reliance; Development of Social Support; Solving Family Problems; Avoiding Problems; Seeking Spiritual Support; and Being Humorous). Three or more participants demonstrated decreases on 3 of the 14 subscales (Seeking Diversions; Investing in Close Friends; and Engaging in Demanding Activity), and no definitive changes overall were found for the subscales Ventilating Feelings, Seeking Professional Support, and Relaxing (2 participants' scores increased, 2 decreased, and 2 remained the same). It should be noted that the increase on the Avoiding Problems subscale is seen as an undesirable change and the decrease on the Seeking Diversions subscale is seen as a desirable change, because both of these subscales are inverted.

The individual participants' disciplinary referrals were counted during the A-phase (from the beginning of the

**Table 2** Changes in Behavior as Observed by Parents/Guardians

Behavior Changes Observed by Parents	Participants who Demonstrated Changes
Decrease in Frustration	Participants 2 and 6
Increase in Confidence	Participants 2 and 4
Increase in Preparedness/ Positive Attitude Towards Transition to High School	Participants 3, 4, 5, and 6
Decrease in Disruptive Behavior	Participants 2, 3, and 6
Addition of Positive Behaviors	Participants 3 and 6

**Table 3** Differences in Individual A-COPE Scores.

	Pretest	Posttest	Difference
Participant 1	152	166	14.00
Participant 2	133	139	6.00
Participant 3	173	175	2.00
Participant 4	200	196	-4.00
Participant 5	159	156	-3.00
Participant 6	165	168	3.00

school year to the start of the intervention) and during the B-phase (the length of the intervention; Figure 5). Of the 6 participants, 4 had no disciplinary referrals during the B-phase and 2 had fewer or the same number of referrals during the B-phase as during the A-phase. Thus, there was an overall decrease in disciplinary referrals from the beginning to the end of the B-phase.

## Discussion

An analysis of the qualitative and quantitative data partially supports the hypothesis that an art therapy group within a school setting can be beneficial for increasing coping skills and decreasing disruptive behaviors in eighth-grade students who are at risk for a poor transition to high school. The participants in this study demonstrated many observable changes. As they progressed through the study, they were more willing to express themselves verbally and creatively, as evidenced by their increased use of metaphors. During later sessions participants assigned metaphorical meaning to their artwork on a more conscious level. The use of these metaphors suggested that the participants had become better able to use the art and their verbalizations to acknowledge and express their feelings and experiences. The participants were also able to acknowledge the resources and strengths they already had access to and could use during times of stress.

Analysis of the qualitative and quantitative data appears to support the observable changes described above. Because of the small number of participants, significance in changes represented by the qualitative data was not measured with statistical analyses. However, each

individual participant showed positive changes in more than one measure.

Of the 6 participants, 4 demonstrated positive changes in total A-COPE score from A-phase to B-phase. The remaining 2 participants demonstrated negative changes in total A-COPE score but showed positive changes in their scores on certain subscales. This suggests that these 2 participants may have been employing different coping strategies not previously considered; thus, it is interesting to study changes in the scores recorded for the A-COPE subscales as well. Indeed, positive changes in score from 3 or more participants occurred along a greater number of the subscales (6) than did negative changes (3) or undetermined changes (3).

The relationship between an increase in score on some subscales and a decrease in score on others also can be compared. Overall, the participants showed a decrease in score on the Investing in Close Friends subscale. Although this may seem to be an undesirable change, Isakson and Jarvis (1999) suggested that "peer group interactions may be exacting a toll on academic achievement across the transition" to high school (p. 21), while a greater sense of autonomy (or self-reliance) is associated with better academic achievement. In fact, the participants showed a greater increase in score on the Developing Self-Reliance subscale, which suggests that group members may be able to cope better with peer pressure. It is also interesting to note that a decrease in score on the Investing in Close Friends subscale does not mean that the participants were without social support, as the participants demonstrated increased scores on the Developing Social Support subscale.

Due to the inability to determine statistical significance on the A-COPE scores, the changes suggested by the other measures are all the more important in determining the participants' ability to cope more effectively with stressors and thereby reduce disruptive behaviors. Changes between the pre- and post-intervention "Me in Ninth Grade" drawings suggest a greater ability to anticipate social roles and success in high school, and a greater sense of school belonging as well. Changes also were observed at school and at home. Not only did disciplinary referrals decrease overall, but parents reported a decrease in disruptive or undesirable behaviors at home. It is interesting to note that the most frequently reported

**Table 4** Changes in Behavior as Observed by Parents/Guardians

A-COPE Subscale Increases	Participants Demonstrating Positive Change
Increasing Self-Reliance	Participants 1,2,6
Development of Social Support	Participants 1,2,4,6
Solving Family Problems	Participants 1,3,4,5,6
Avoiding Problems	Participants 1,3,4,5
Seeking Spiritual Support	Participants 1,2,4,6
Being Humorous	Participants 1,2,3,5,6

change observed by the parents was a greater preparedness for the transition to high school.

Although the data supported the study's hypothesis in part, the results are not conclusive or generalizable due to the limitations of its design. However, considering the changes identified, further research is warranted after certain limitations can be addressed. Once such limitation is the small number of participants. Significance in changes as measured by the A-COPE could not be statistically analyzed. Because this was a single-case research design, the results suggest that group art therapy had a measureable effect for those participants who showed improvements; however, whether group art therapy would be beneficial for every adolescent exhibiting disruptive behavior cannot be determined. Another limitation is that there was no follow-up to determine the effects of this study after a longer period of time.

The questionable reliability of the number of disciplinary referrals as a measure of disruptive behavior may be another limitation. The A-phase (which started at the beginning of the school year and ended when the intervention began) was considerably longer than the B-phase (which was 4 weeks, the span of the intervention). It is difficult to posit that the number of referrals during the B-phase was proportional to the number of referrals during the A-phase, because the length of each phase was not equal.

To address the limitations of the study, it would be beneficial to recruit more participants and see if the results may be generalizable to this specific population. Moreover, the research design would benefit from a second baseline measure (A-phase) to determine longer-term effects of participation in a school art therapy group. To help establish the efficacy of group art therapy in decreasing disruptive behaviors and increasing coping skills, a control group could also be included in the design.

The majority of the art therapy activities were drawing tasks; however, the group responded well to the materials used during the mobile and mask making sessions. The construction of three-dimensional artwork seemed to engage the participants more than creating two-dimensional artwork. Thus, incorporating a greater variety of materials (collage, found objects, clay) into the sessions may be beneficial.

This art intervention was appropriate for helping students cope with certain stressors, but further study is needed of tasks that can specifically address extreme stressors. Although the study appeared to be effective with students experiencing some stressors, the 2 participants who did not demonstrate increases in total A-COPE score had been experiencing significant stressors in their families. It may also be beneficial to study how this intervention affects students who are diagnosed with specific disruptive behavior disorders so that further support within the school system may be provided.

## Conclusion

Based on a review of the literature, it is evident that more research is needed to determine how to best meet the

needs of eighth-grade students anticipating the transition to high school. This study presented an intervention to help eighth-grade students recognize how they experience and cope with stress, and learn to draw from their resources in order to more appropriately manage their responses to their individual stressors. Although the data only partially supported the effectiveness of this study, each participant demonstrated positive changes in more than one area of their lives. It is hoped that this study can provide a starting point for further research, and that this important area of concern can continue to be addressed.

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## C A L L F O R P A P E R S & R E S E A R C H

### Art Therapy's Ethical Challenges in a Complex World

*Art Therapy: Journal of the American Art Therapy Association* is seeking submissions for a special issue on ethics and professionalism. As art therapists interact with increasingly diverse perspectives and expectations of clients, other professionals, and professional groups and systems, ethical challenges are becoming more complex. The Journal invites submissions that address ethical issues in art therapy research, treatment, theory and practice, and education. Papers, reflections, and original research studies that present models of ethical decision-making applied to the unique practice realities of art therapy and other related professional issues are encouraged.

**The deadline for submission is September 15, 2010.**

Please refer to the "Guidelines for Submission" published in *Art Therapy* or online at [www.arttherapyjournal.org](http://www.arttherapyjournal.org) for specific requirements of style and format. Send submissions electronically to the Art Therapy Editorial Office by following author instructions on the website.